

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
P.O. Box 1980
Hobbs, NM 88241

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
LC030180A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

FARNSWORTH A #1

9. API Well No.

3002509854

10. Field and Pool, or Exploratory Area

Scarborough 4-SR

11. County or Parish, State

Lea County, NM

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT to

1. Type of Well

☐ Oil Well ☐ Gas Well ☐ Other

INJECTION

2. Name of Operator

Southwest Royalties, Inc.

3. Address and Telephone No.

P. O. Box 11390; Midland, TX 79702

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit A, Sec. 13 T26S R36E
330 FEL & 990 FNL

12. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

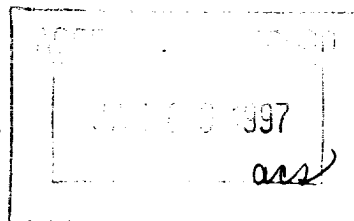
- ☒ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

12-24-96 Workover not successful decision made to abandon.

12-26-96 RD. Dropped from report until further activity.



4. I hereby certify that the foregoing is true and correct

Signature: B. Hatfield

Title: Regulatory Coordinator

Date: 1-7-97

(space for Federal & State office use)

Approved by: _____
Conditions of approval, if any:

Title: _____ Date: _____

